

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establish	and Miama		<u> </u>			
Establishment Name Tum bleweed				Telephone Number 8/2-945-0177	Date of In (mm/dd/y	r)
Establishment Address (number and street, city, state, zip code)					1 111	18-
2005 State St New Albany, IN 47150				502-618-8357	6-14	⁻¹⁴ 283
Owner TW- Indiana				Purpose:	Follow-u	P Release Date 10 days
Owner's Address				1. Routine	100	10 000
2301 River Rd Suite 200 Louisville, Ky				2. Follow-up 3. Complaint	Summary	of Violations:
Person in C	T				$\square A$	$_{NC}Z_{R}$
	,		A Vowell 40206	4. Pre-Operational 5. Temporary	c/c	NC R
Responsibl	e Person's	E-ma	il	6. HACCP	Menu Tyj	pe (See back of page)
Certified F	and Manac	TOP		7. Other (list)		A 1/2
Cerinied i	ood Manaş		eff vouell		12	3 4 5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
309	NC	_	Observed restroom exhau	ist fans not		10 days
			running pipe			,
324	NC		Observed drain from ice	e Machine lea	King	10 days
			Before Floor drain &	creating a		-
1			puddle.	- J		
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			- Clark & cilil	1		
			- Check S. Side door go	x.p.		
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